

Home Care Users Research Project

Phase 2: November 2012 - February 2013

Summary

In August 2012, Reading Borough Council (RBC) and Reading Local Involvement Network (Reading LINk, which became Healthwatch Reading from 1st April 2013) started on a programme of interviews with users of home care services. The purpose was to gain a better understanding of what people wanted and expected from these services, how home care services could best protect people's dignity, and what support home care users might need to overcome social isolation.

In phase 1 of the project 23 interviews were conducted and the summary findings have been shared with those interviewed. In this phase (2), 35 interviews were carried out with service users and/or their family carers. Many people spoke positively about their home care services, with some being extremely satisfied. However there were also instances where people were clearly very unhappy with their care overall. Interviews are now complete and a full summary report will be issued to draw together the findings across phases 1 and 2.

As in Phase 1, the people interviewed in Phase 2 reported a wide range of experiences of home care. However, some themes emerged around areas where things could be improved.

Timeliness of homecare visits

The research highlighted examples of late visits - without communication to the service user - and the impact this has on individuals. There were also instances, mainly for evening calls, where homecare calls were too early to meet the service users' preferences or needs. Several

service users commented that they understood the challenges for staff to arrive on time, especially due to rota planning which seemed to make it hard for the care workers to meet all their users' expectations.

Having enough time for needs to be met

Most people felt their carers had enough time with them in order to deliver care, but some service users had concerns about this and either felt rushed on occasions or that some tasks were being left incomplete.

Consistency of care staff

Where people reported very positive experiences, they tended to have the same care workers, who had built a good rapport with the service user. In these instances people felt truly 'cared for' and satisfied that all their home care needs were being met. Most people had a clear preference to have the same care workers most of the time. However, a few people who reported having lots of different care workers did not see this as an issue if all the care provided was of a high standard. This sort of response was more evident from people who had used the re-ablement service. (See page 4 on *How are home care services put in place for Adult Social Care users?* for an explanation of how this works.)

Care workers

Many people spoke positively about their care workers: overall, service users and family carers valued the help and support they received. There was some very positive feedback about carers' professionalism, caring approach and flexibility, but also some areas identified where some carers could offer a better service. These included various aspects of care delivery, including the carers' manner.

Care agency as a whole

Home care service users offered other feedback on the agencies they had used besides commenting on the service delivered by individual care workers. Users often had feedback on their dealings with the office staff and suggestions on how the business could perhaps be organised differently.

Training

Training issues were highlighted, where service users felt that more training was required for staff before they started to work on their own, including some specific/specialised training in certain areas.

Social interaction

We asked the people interviewed to tell us about the best and worst parts of their week - taking everything into account besides their experiences of home care. This revealed how important it was to some people - but not everyone - to have people to chat to either in their home or by getting out of the house, as well as how living with disabilities or long term health conditions affected people.

Introduction

The Home Care Users Research Project was developed jointly by Reading Borough Council (RBC) and Reading Local Involvement Network (LINK). The quality of home care provision was identified as a priority issue for both organisations to explore, and each had a particular perspective to bring to this research.

Reading LINK's role was to give communities a stronger voice in how their health and social care services are delivered. (From 1st April 2013, this role is being taken over and developed by Healthwatch Reading). In response to community feedback, LINK focused on home care services in Reading and the quality of care people receive. Questions had been raised with LINK in particular about how carer travel time is arranged and what impact this has on users' experience of the service.

Reading Borough Council commissions home care services on behalf of people eligible for Adult Social Care support. The Council also has responsibilities to the wider community to help keep vulnerable adults safe and also to inform people about what services are available to them. RBC has developed a framework (DASL¹) to set standards for home care and is committed to working with residents and service users in how it monitors services and seeks to drive up quality.

RBC and Reading LINK also have a shared interest in how services generally meet the needs of people who may be socially isolated. There is growing evidence² that isolation and loneliness can put people's health at risk, and a growing expectation from communities that this is recognised in how services for elderly and other vulnerable adults are planned. People who use home care services often fall into high risk groups for experiencing loneliness³, so the Home Care Users Research Project has provided an opportunity to ask what support particularly vulnerable people would need to enjoy more social contact.

Agreed Objectives

1. To develop an understanding of the priorities and aspirations for home care services from users of the service.
2. To gain a better understanding of what 'dignity' means to individuals, particularly in the context of home care services.
3. To develop an understanding of the key factors that may lead to social isolation of home care users.

What is home care?

¹ DASL is the abbreviation for Domiciliary Care Accredited Select List

² *Loneliness and Longevity: meta-analytical data examining the influence of social connections on mortality risk* – Holt-Lunstad et.al. [2010]

³ *Close to Home: an enquiry into older people and human rights in home care* – Equality & Human Rights Commission [2011]

Home care - sometimes called domiciliary care or home help - involves care workers visiting people in their own homes to give them help and support. Care workers can help with personal care needs, such as washing and getting dressed, and practical tasks such as preparing snacks or heating meals. Home care is one of the services which can be arranged for people who are eligible for Adult Social Care support from the local authority - although people who are not eligible for Adult Social Care can also buy this service independently.

RBC commissions approximately 14,000 home care calls per week equating to just over 7,000 hours of care.⁴ Home care calls are booked for completion of specified tasks, such as “support Mrs A to have lunch” or “support Mr B to get ready for bed”. How long these tasks take may vary from day to day, usually depending on how well and able the service user is feeling. However, rotas are organised on the basis of how much time will be needed on average to carry out the tasks specified. Users will typically have calls of different lengths throughout the week - from 15 minute ‘check’ calls, through to calls lasting several hours.

How are home care services put in place for Adult Social Care users?

Most home care services in Reading are provided through independent agencies. The main exception to this is Intermediate Care (including Reablement, Rapid Response and Palliative Care). The Intermediate Care service includes home carers employed by RBC working alongside health and social care staff. Intermediate Care consists of short and tailored therapeutic packages to maximise independence - typically after an illness or injury - and it lasts for up to 6 weeks (free of charge).

If someone is eligible for ongoing support at the end of Intermediate Care - which could include home care services - this is now arranged by the local authority through the Self Directed Support (SDS) system. Under SDS, people can opt for a Notional Budget, which means in effect they ask the Council to buy in services on their behalf. The alternative is they can opt for a Direct Payment, which means they will be supported by the Council to buy the services they need themselves.

In 2010, Reading Borough Council set up the Domiciliary Care Accredited Select List (DASL) to set standards for home care services. Home care providers are only accepted onto the DASL after satisfying the Council they meet certain requirements, and DASL providers are then banded on the basis of a combination of quality and price ratings. Where the Council arranges a home care service (through a Notional Budget) it will always choose a DASL rated provider. People who purchase their own home care support (via a Direct Payment) are encouraged to choose from the DASL list, but can choose a non DASL provider. DASL bandings are published on the RBC website so that people who make care arrangements entirely independently can also draw on this information.

Other feedback on home care

⁴ Figures taken from activity for April 2013

At a national level, there is emerging evidence⁵ about the particular vulnerability of people reliant on home care services, and the obstacles they may face to raising concerns. Locally, issues have been raised through user forums about the quality and consistency of home care services. However, home care users themselves often find it difficult to attend forums or take part in group discussions because of their health conditions so this feedback has been largely second hand.

From 2012, RBC has committed to surveying all home care users annually. The *Your Home Care Service* survey invites users to indicate their satisfaction with home care services generally, and then to rate their service across a range of functions (support with personal hygiene, nutrition, home cleaning etc) and a range of customer care issues (timeliness, courtesy and respect shown by staff, cultural sensitivity etc).

To supplement the survey findings with more qualitative data, over the period April to October 2012 all Reading Adult Social Care users who had home care as part of the support they received were also invited to take part in the Home Care Users Research Project.

Methodology

At the outset, RBC and LINK agreed on a series of desired outcomes from this project.

1. The development of performance indicators for home care services (in addition to existing indicators and particularly focused on customer care / dignity / respect) which can be incorporated into the Domiciliary Care Accredited Select List. This will enable RBC to publish information which helps people choose between providers on factors that matter to them, and provide data on these issues which can then be used to drive up performance.
2. Being able to specify more accurately the criteria for services commissioned to combat social isolation in vulnerable adults.
3. Generating best practice examples of how and when people feel they are supported in a respectful way.
4. Identifying issues which could be supported through the timebank projects to be piloted in Reading as part of the Adult Social Care prevention agenda.
5. Greater involvement of service users in the shaping of local services.

Both partners were keen to allow home care users to offer feedback from their own perspective rather than prejudging the issues which users would prioritise. There was also a strong desire to understand home care experience in the context of what other services and support people had available to them. A script was therefore developed to frame semi-structured interviews, i.e. capturing agreed key points but with considerable scope to include further information.

Open questions were used to encourage the interviewees to draw on any experience they considered relevant to the issues being considered, i.e. what would make the experience of home care support as positive as possible, and what would make the optimum level of social contact a reality. Service users were asked to map out the support and social contact they have in a typical week and then describe the best and worst aspects from their individual

⁵ *Close to Home: an enquiry into older people and human rights in home care* – Equality & Human Rights Commission [2011]

perspectives. Interviewees were prompted to include their experiences of home care services in their responses if these services weren't mentioned spontaneously.

All interviews took place in users' homes at their convenience. Each interview was carried out jointly by an RBC officer and a LINK worker or volunteer. Users had the option of having a friend or relative sit in on the interview to assist them in answering. At the conclusion of each interview, service users were offered information or further support to take up socialisation opportunities. The interviewers were often able to identify services which might be appropriate for individuals based on the information shared in the course of the interview about the service user's interests and priorities.

Profiles of the user group interviewed for Phase 2 of this project and of the overall population of home care service users known to RBC are summarised in Appendix 1.

Feedback on services from the Home Care Users Interviews: Phase 2

Of the service users interviewed for this phase of the project, 63% (22/35) were positive overall about their home care service, some extremely so. However 29% (10/35) were really just accepting of the service they received, which could have been better. Some people had experienced home care over several years while others had shorter periods of support and no longer required on going home care. It was clear that, no matter what people's experiences were, home care is a service which is important to them. This support can enable people to stay in their own homes or provide extra much needed support for family carers.

Services allow her to stay at home. She does not want to go into residential care and therefore is grateful for the services she receives as they help her maintain her independence.

Getting out! I couldn't do without them!

Care package makes life easier for mother and daughter. Allows daughter to worry less, knowing her mother is being cared for.

This service is crucial and invaluable to us. Without it, my wife would be in a nursing home. We tried that option, but neither of us was really happy with it. After my wife fell after climbing out of bed one night to look for a nurse, I was determined to bring her home. It's easy for someone with my wife's condition to get depressed, and I felt us being separated was putting her more at risk of this.

The care she receives makes life better for her and the simple tasks they complete help her.

Last year we were having problems but at the moment it is very good. I am happy and hope it will last. They will even post a letter for me.

I valued the service because it stopped my daughter worrying about me.

I couldn't be more pleased with the services I get. It's lovely to feel nice and fresh after the shower.

It is a real help to receive home care and that someone will come along and do things as I was struggling on my own. At first I found it difficult to wash my husband because he wouldn't let me, but the care worker comes in a uniform and my husband is getting better at doing as he is told, especially when he sees the care worker.

Grateful I got home care after all I had been through.

If I didn't have the care workers I couldn't have managed on my own. Most important for me are getting up in the morning and being put into bed. I can do other things like get a cup of tea or warm something up in the microwave.

Even when generally satisfied with care, however, users and their family carers identified some areas for improvement, which impacted on their overall experience of home care. These concerns fell into six broad categories and broadly reflected the findings from phase 1 of the project:

1. Timeliness of homecare visits
2. Having enough time for needs to be met
3. Consistency of care staff
4. Care workers
5. The care agency as a whole
6. Training

1. Timeliness of home care visits

Before this project was set up, both RBC and Reading LINK had received feedback that the timeliness of home care visits was causing concern. Interviewing home care users provided an opportunity to get a better understanding of where these concerns lie.

Home carers are expected to offer users some flexibility to best meet user needs from day to day. Because of this, most homecare calls are planned within a 'window' rather than to take place at a very precise time. However, some service users are not clear what this means and what they can expect as a result. What the individual care workers understand as their obligations may also be unclear in some cases. Home care providers on the DASL are required to record any calls more than 30 minutes after the indicated time as 'late'. Late calls are expected to be the exception rather than occurring regularly.

Of the service users interviewed in this phase of the project, 46% (16/35) made positive comments about the timeliness of calls and the timing of their visits, with people getting telephone contact to let them know when delays occurred. However, 43% (15/35) had negative comments about this aspect of the service and 9% (3/35) provided neutral comments.

People's experiences around timing issues or getting calls to inform them of delays appeared to be better when people had the same care workers. Timeliness of visits and the timing of calls seemed to be more of a problem when there was not a regular small set of staff allocated to the service user. Service users were very understanding that sometimes delays were to be expected due to unforeseen circumstances, but were frustrated by regular occurrences of delayed visits, or being left wondering when the care worker would arrive because issues were not being addressed by the agency office staff.

When service users had positive things to say about their experiences in relation to timeliness, these often related to good communication.

No compromises to care when they are late

Always tell in advance if coming late. Normally came at 9. Happy with times they come in.

Care workers sometimes used to be late without letting the service user know. However, now the agency informs the user when the care workers will be late.

The agency makes sure all the calls are covered and they always turn up. The morning call is always very much on time. They're very efficient.

I get a timetable of who is going to turn up and when, and they always call if they are running late, and I can ring the agency if no one comes. They're not always on time but there is usually a good reason.

They never leave me in the lurch.

Care workers gave an approximate time of arrival and were always on time.

If care worker is late, their manager lets me know.

Usually on time but if they are going to be early / late they do get informed.

Care workers mainly turn up on time, but if they are late, company would call.

Home care's always been good. No problems with anything really. Timing is fine. Sometimes they call to say they're a bit pushed, but I can be flexible. Communication with the office is fine and I know who I could talk to if I needed to complain.

The carer's timing is very good and she treats me with respect. I wouldn't let anyone boss me about.

The carer's timing is 'bang on'. She has only been late once and rang to say she would be late because she had to wait for an ambulance for another person.

Care workers now generally come on time. On a Saturday they could be 5-10mins early, which is ok. If wife is in shower care workers are happy to wait so they can get service user in shower.

Previously the company never used to bother contacting the service user if they were going to be late, but now it's ok as care workers generally come on time.

The carers were always on time. They'd buzz for me to let them in through the door entry system.

Mainly always on time. Where late always phone in advance and let them know so not left wondering.

Being kept informed if there were likely to be delays was an important issue for the people we interviewed. Indeed, lack of communication about delays was given as the reason for dissatisfaction with the service more frequently than lateness itself was mentioned as a problem.

I sometimes get given a rota of who is coming and when, but this depends on the care workers giving it to me as it isn't posted out.

The care workers are often late and have never called to say they are running late. I don't call to see where they are unless they are very late.

Care workers never ring and let me know when they are running late.

They were often late but only the regular carer let her know she was running late.

Carers before never called to say they are going to be late. Has list of times when late.

Service user just wants agency to let her know if they are running late.

Sometimes the office phones to say the carer will be late. It is frustrating when they don't ring

beforehand. User is not told in advance who is coming.

One morning, was waiting for a carer who did not come. Service had forgotten to tell her that the care worker was not able to come to work because carer had had vertigo that morning. Service user suggests that it would be better if she could be informed on a Friday when exactly and who would be coming for the week ahead especially on a Saturday morning. Useful to know in advance when carers would be coming.

Sometimes, carers did not call to say they would be late. Some did not explain why they were late.

Mostly care staff turn up on time, but they live locally to service user. However one day they turned up at 9.20am (due 7.30am) and another day at 8.20am – when they were late they did not let service user know they were going to be late. It doesn't matter to me as I can manage but if you were really ill then it would matter. If care workers have to give breakfast as well (as washing, to others) I don't know how they would do that in ½ an hour.

In the last 2 weeks the care workers did not come on Sat/Sun morning as they had done previously on these two days. Service user had not queried this as she felt others may need more help than she does as her planned support over 6-8 weeks is soon coming to an end and she is now more able to help herself. (She had expected the care workers to come, though.)

If the home care worker is going to be late, they are never told in advance or called.

No rota: don't know who is coming and sometimes people just turn up

The care workers say "it's legal" that they can come 30mins earlier than the specified time. Mother was often in bed by 8.30pm in the summer. Things are better now the care workers don't actually put mum to bed.

Care Workers are supposed to come about 1pm but one came as late as 3 pm one day – the office do not call to let me know if care workers are going to be late. I am blaming the office, not blaming the care workers.

The care workers are often late. The other day the care worker was an hour late. The care worker explained that another client held her up and the office told the care worker that it wouldn't matter because she (service user) would not complain.

The care company/care worker never phone to say they will be arriving late.

People described the impact it has on them if a homecare call is much later or much earlier than expected. This raises a range of problems for people - some practical and some more emotional.

No calls from office to say care worker is running late just have to sit and wait.

It is frustrating when you are waiting for the care worker to come. You are supposed to call the office if they are not here by 11am but that is not fair as you have to think where they are coming from. I don't like not being dressed in the late morning.

½ h call in the evening to help me to bed. It should be from 10 til 10:30 but it's rarely as late as this.

Sometimes it's as early as 8:30. The earlier bedtimes mean I often miss the end of something I've started watching on TV as I don't have a set upstairs. I'm usually the next to last call of the day.

When the carers were coming in 3 times a day service user was often up and dressed before they arrived and in the evening on one occasion she was in bed asleep when they turned up to help her get ready for bed.

Other people come in for appointments, e.g. hairdressers. When homecare is late it is very inconvenient, because it impacts on other appointments. Can be early but usually late.

Lateness is a problem. It is a priority to get breakfast served before 8 because of user's insulin injection. 9 times out of 10 breakfast is not served by the carer because of lateness. This means user has to make her own breakfast which is dangerous because of her blindness and risk of causing herself harm and injury.

If care workers are late, pads get wet though and sheets get wet. Sometimes care workers turn up at 11.00 for lunch; sometimes at 12.45pm (that time was informed in advance). Feedback given to office about times but wife was not given feedback about what will change.

The lowest point of the week for her mother is when the care workers are late as her mother becomes agitated. She wants to go to bed. This becomes stressful for the daughter as she wants to help her mum but they are paying for home care to be provided so she feels she should wait for them to do their job.

The call times are not exact – sometimes there is half an hour or an hour difference. This can upset the routine. However, they ring and say when they are going to be late. There has never been a missed appointment.

Sunday care worker went sick, another girl turned up, not informed until she phoned, which causes anxiety.

If the home care worker comes early he won't go to bed but if she comes on time she puts him to bed.

If they turned up late you had to sit and wait in your night clothes. Once I had to wait until 11am (they were supposed to be there around 9.30am).

In the mornings I have to sit from 7.30am to 9am waiting for the care workers, as they have other people to look after as well. They don't send the same care workers every day. I am left here lost, as I can't get dressed/washed. I can't communicate with them, they can't communicate with me – I don't know what nationality they are - Spanish/Italian. They sometimes look at me like I am asking a really complicated question.

Service user would like an evening call around 7-7.30pm as he does not want a late call around 9ish as I cannot relax in my own home waiting for the care workers to come.

Some users had a specific worry that they were being overcharged for home care as a result of carers not arriving as expected.

There have been two incidents of the agency workers not turning up. This is unsettling as it means

waiting around. User's daughter has rung up and the agency did apologise. However the bill came and they had been charged for one of the days that the carer didn't turn up. The agency's reasoning for this was they dealt with all queries at the end of the year.

There have been occasions when the care worker has not turned up and they have not been warned. They have called about this problem (about a week ago - Nov 2012) and spoke to the manager who said she would visit their home and apologise. However, they haven't heard from her since. When the care workers haven't turned up, they still charged for the services. When challenged they start making complicated statements and the service user just can't be bothered dealing with it so reluctantly pays.

Some service users were very clear that they were unhappy about the times when their carers arrived. Where they had raised the issue with their care agency, there had been mixed responses.

Meant to arrive at 07.15 but only one home care worker, who visits 5 times a week, sticks to this timing. Many of the other home care workers are late.

Generally speaking, the service user is not too concerned as to exactly what time the care worker arrives at her home. The one exception to this is that she insists that care workers do not arrive before 9 pm to assist her to get washed and changed and ready for bed. When we met with the agency's management as part of the process of the service user being transferred over to agency care, this was one point the service user insisted on emphasising. Unfortunately, it is not uncommon for care workers to arrive somewhat early in the evening sometimes as early as 8:15 PM. Over the last month or two the service user has found it necessary to repeatedly remind the various care workers who visit her that they must not arrive before 9 PM for the evening visit.

I have fed concerns about timekeeping back to the organisation on more than one occasion when they come in for assessments. But nothing has been done about it.

One time the care worker was late but once she called the office she was informed that the care worker would be with her immediately.

Many of the service users who commented on lateness or erratic timing were very sympathetic towards their individual carers and the challenges they faced in working to their schedules and managing travel.

If care worker is booked for 9.30am I would like them to be here at that time, but I understand that they cannot always.

Service user understands it's difficult for them but the time they arrived varied every day.

On a good day the care workers will arrive around 10am and on a bad day around 11-11.30am depending on where they have been and what they've been doing. I don't know what time they are coming I just know they are. About 2 weeks ago they must have forgotten me as no-one came. It was ok as I can wash myself.

Issues with lateness is not the agency girl's fault. Understand they have other visits and do get ill.

Our care workers generally arrive on time. Sometimes the morning call can be very late if traffic's particularly bad or if someone else needed extra help. We find a call is late at least once a week, but someone usually calls to explain when this happens. I don't worry about late calls actually. I know they'll always get to us eventually. They only ever missed once and that was on a really snowy day around Christmas time. I have a neighbour who has nursing experience and I called on her to help me out on that occasion.

As regards the time of arrival for the morning visit, the service user's view is that as long as the care worker arrives within a reasonable timeframe, (ideally between 9:30 am and 10 am, but in any case before 10:30 am) she's not too worried. The service user realises that it's impossible to time activities to the precise minute and she also recognises that the care worker may have been confronted by some unexpected crisis or problem at one of the calls they made prior to visiting her.

Sometimes they're a bit late – they can get held up at other places, but so long as the job gets done I don't mind. They can be a bit rushed but I generally don't have problem.

Future services – it would be good if carers could arrive on time although understands this could be difficult.

I don't usually complain but I get a bit frustrated when it gets near 11am and no one has come yet. There are 3 main care workers who come every week. I have a rota showing who is coming and when. Mon-Wed one particular lady comes. She is friendly and kind and usually good with timing. Thurs/Fri/Sun – a young care worker comes in usually late, and can be as late as 11am. Sat – another man comes in, not too bad on timing but not perfect either.

Husband is a comfort to her. If she didn't have him she still feels she can rely on the workers. Carers have reassured her that they are always there for her even if not in the appointment time.

Service user has empathy with care workers as knows they are running against the clock. I am thankful for what they do. I gave them a little present at Christmas as I wanted to show my appreciation.

Timekeeping is very important - Some people are good and some people are not. User sympathises with them as a lot of their time is wasted in travelling which makes them late.

I think the care workers treat me with respect, but timing is my biggest issue – not knowing when exactly they're supposed to come, especially the evening care workers. When I call the care agency to ask where the care workers are and why they are late, I feel the care agency fobs me off and say that they don't know why the care workers are late!! When the care workers arrive late, they always apologise. They explain that because they cover a wide area - Burghfield/Mortimer – due to the traffic they are often held back.

Had to use a set of carers covering the Newtown area to cover Caversham as Caversham area is very busy. This meant that some carers had to travel across heavy traffic at times and this resulted in delay of sometimes up to 1hr.

Some service users identified particular problems they believed their care workers had in relation to staffing levels, internal communication, public transport, and parking issues.

Some occasions arrived as late as 11. When carer arrived she said agency just called her. Seems lack of contingency when short of staff.

Worry if the carer will come on time. Previous agency started off fine, 2 months ago merged with another agency and that's when problems started. Carers given wrong information about where to go and so were not coming in time. Service user stills rings to find out where they are. Service user didn't complain until told to.

Some home care workers have bus passes as they're in their 60s but they cannot use them early in the morning to get to work, so have to pay £1.80, which can be quite annoying for some workers. (Service user commented that she was aware that they got travel expenses for travelling between jobs).

Occasionally there is a problem with the delivery of care, in that for whatever reason the care worker doesn't turn up. It doesn't happen very often, but it does happen from time to time. It's not always clear what has caused the problem. Sometimes the care worker simply forgets that they have to call on the service user. Sometimes, it seems as though there has been some error at the managing office. It may be that on occasions this problem arises because the rounds that are allocated to the care workers are constantly being re-worked or revised. When a telephone call is made to the office to advise that the care worker has not turned up for whatever reason, the office staff do apologise and do undertake to get a care worker out as soon as possible. However, it sometimes means that the service has to wait until almost lunchtime for someone to arrive to assist her in getting washed and dressed for the day.

The care workers have to park outside, as they are not always able to get hold of my parking pass for the car park. They have to come and pick up my pass and go down to bring it back up before they leave.

The agency should sort out parking permits as it would mean that carers could have easier access to do calls.

The carers get to me when they can. I know traffic can be very heavy in Reading, but I think the office gives them unrealistic schedules sometimes. I dare say it's difficult if they're short of staff, but one of the carers told me there's no travel time allowed for in their schedule.

2. Having enough time for needs to be met

Of the service users who spoke about the time care workers spent with them, 62% (16/26) felt there was enough time and gave positive feedback around this aspect. 31% (8/26) of people who commented on this issue felt care workers did not have enough time. Again, feedback around this aspect correlates to feedback around consistency of care workers: when care workers and service users know each other and the support required, this can be delivered effectively in a shorter space of time without the service user feeling rushed or having to use up time explaining what care is required.

Where positive experiences were reported in relation to this issue, they often included references to good rapport between the service user and care worker.

The carers do everything we need them to, and have enough time to do it. There's a programme they're supposed to follow but the new ones don't seem to read it. It's quicker and easier for them to ask me, and I don't mind as long as I'm not having to brief a new carer too often. I understand people need to be trained but it would help if newer care workers went out with more experienced ones rather than newer ones being put together.

Agreed with carers that at lunchtime they will make a flask of tea she can have later.

The service user generally has enough time with the carers. However, she is planning to book an extra 30 mins in the morning for a shower.

User's service includes time for a bath on Monday and Thursday. This is quite important.

If I ask them to do something extra they do it for me, but they have a short time to do everything – only 30mins.

I don't feel they try to rush me.

Feels that the care workers have enough time to do all they need. They would feel comfortable approaching staff if they needed more help – unsure what the care workers would say. Care workers do not rush service user.

Care workers don't rush the service user – they provide care in 20 mins and have 5 mins at each end of visit to do the paperwork – they also ensure we both have alarms on.

30 minutes is plenty enough time for carers to provide service. User has agreement that the care starts at 7.00am and at the latest 7.30am; just as long her breakfast is served before her insulin injection. Main services are: making breakfast, getting dressed and washing up. Sometimes additional services are provided such as creaming legs which is nice, but often - as a result of them not being on time - are unable to do things such as helping user dress.

Only have 15 minutes but they do one hour's work in that time!

Some users felt it was a struggle for their care workers to get through everything they needed to in the time given, or that they were getting less time with their care worker than they should have and needed.

Tend to be too quick and organised – try to do too much too soon. On the whole they do an adequate job; I wouldn't say it was brilliant. I'm just so pleased my Dad (main carer) is there.

When 2 care workers come for the first time they are quite slow.

The carers do a good job but there is not enough time for them to complete all the necessary tasks.

Husband feels that the care workers can only fit in all the tasks within the time because he prepares breakfast. He feels the care workers have too many calls within the allotted time.

The home care girls - it's not them, it's the system, they have a lot to do and not much time. 30 mins is not enough time to see someone get washed and dressed. I feel sorry for the girls, coming across Reading in the traffic, they need more lee way and more staff.

Care workers were coming for 30 mins each morning to help with showering and to be with service user while she did her exercises. They didn't have time to do what they were supposed to do as it took longer than 30 mins for me to have my shower (they needed to be there while I did this) and then I needed to do my exercises. Girls did not have time - they were in and out.

There is talk about cutting it down to 15 minutes which doesn't feel like enough time but she does everything in the time given and doesn't appear to be rushed.

Some carers make you feel rushed as if they need to be somewhere else although one person didn't.

Sometimes the service user will say to care worker to leave the cleaning for today if they don't have time. Care worker is a nice lady but a bit like a headless chicken. She says she is so done in, so service user says don't worry as she knows it will get done.

Has 30 mins of home care per day. Service user had asked for another 5-10mins but this was not agreed. Was told we can ask but cannot guarantee we will get it. If having a full shower and doing beds etc it's a lot to do in 30 mins. I do feel sorry for them (care workers) sometimes. They are very amenable.

Don't check her pads properly and sometimes leave her in dirty pads. (Service user generally is in bed, lying on her back, when care workers come in to check pads, they check from the front and don't roll the service user over to fully check properly so could be left in a dirty pad as it was not checked properly.) The afternoon call is paid to check this and they should check properly and double check. They don't clean her properly after the commode and rush her - they don't get it right first time. *[At time of this interview, check visit took place, which should have been with 2 care workers (so they could easily roll the service user over). However, one worker came in to do the visit and the other waited in the car because of parking issues.]*

If they are due to be with me for 30mins (from 9.30am-10am), and the next person on their list is due at 10am that is not going to be possible as they should still be here.

In general the carers balance each other out - a good one working with a less good one. On some occasions they have not stayed the full allotted time and I don't like them rushing.

Had problems with one agency and so moved care to another agency, who were regular and reliable and provided a better standard of care than previous agency. However there was one episode of the care worker rushing in and out to provide care, which the service user didn't like and told the care workers to stop coming. Care stopped for a period and is now re-commencing.

Supposed to provide care for 30 mins but they don't stay for 30mins in the morning visit, but will stay longer to help with putting on shoes/socks if service user is going out.

She feels she is given enough time in her visits, however when she is having a meal prepared for her and it takes 12 minutes to cook in the Microwave then 15 minutes is not enough, because her pudding also needs to be warmed, and this leaves time short.

15 minute call isn't really long enough - goes very quickly and doesn't give a lot of time. Even the

hour for the shops isn't really enough.

They don't get enough time to stay a bit longer and have a chat.

Two carers from the agency have approx 45 mins but tend to stay 30. Helping with getting up and washed. Tend to be too quick and organised – try to do too much too soon.

Service user has a white folder in his house, which carers sign in/out – service user does not really look at this. Viewed day of interview – file states arrived 8.10am and left at 8.40am – service user said they didn't stay that long. Care workers take the folder into the kitchen to complete (often borrow service user's pen and have taken it with them before). They are completing the folder when they haven't even finished the care.

This was another issue which for some people was causing concern about how much they were being charged for their home care service. In some cases, people felt their care workers were spending more time with them than they needed.

Service user feels he does not need 30 min calls at lunchtime and in the evening. He only needs 15 mins, which he told the company who said that was ok but he would still need to pay the same for 30 mins as that was the system. He has to make a contribution of £236.12 per month.

I am not happy paying the bills as I can't pay just for the care I am getting. I won't mind paying for 30 mins if it was a good service. When service user questioned the bills with the agency they responded to say, "We don't send the bills. It's out of our hands." The help I am getting in the mornings to help with washing and dressing are fairly good, but at lunchtime I am paying for 30 mins of care to get a cup of coffee.

3. Consistency of care staff

When service users spoke positively about their home care services, they often linked this to having the same care workers all or most of the time. Especially for people who had been having home care for a number of years, being able to build up a positive relationship with their care workers was very important to people. Service users trusted their home care support in these instances; it was known, reliable and consistent. On the other hand, 20% (7/35) of service users had negative experiences around inconsistency of care workers and really highlighted the importance of getting consistency established.

Consistency of care worker wasn't an important issue for everyone, however. A few people had experienced seeing quite a lot of different care workers but actually did not mind as they had positive experiences with all the care workers. This reaction was more common amongst users who had taken up just short term home care support - for example, people who had home care as part of a re-ablement package but then had no ongoing need for support at the end of that.

Some of the people we spoke to appeared to see the same care workers all the time.

Morning, lunch and afternoon – same people, very good. Get used to each other. Get on with them

(care workers).

I have 2 / 3 regular care workers each week. I like them.

Value the fact that they always see the same carers – very important.

Important that they see the same carer. Have become part of the family. Very happy with all staff.

Carer feels that continuity of care workers is most important. Wife knows her care workers and looks forward to their visits.

Likes having one carer and she is very good.

I like them (care workers) being the same.

Carers brighten up her day; she cannot speak highly enough of them. Same carers have come for 2 years.

For other people, there was some variation in which care workers they saw from day to day, but generally drawn from a relatively small group.

The service user knows all the carers who turn up. All of them are helpful and friendly.

An agency supplies the carers. One carer a day for 15 mins. Usually one of two carers turn up.

Care has been provided by 2-3 people.

The consistency of care is important to her, because she then does not need to explain herself over again, which is especially difficult with the language barrier. She has the two sets of care workers on rotation.

Tend to see the same group of 5-6 regular carers – 90% of time can recognise who comes in. It's important to have a regular group of people, as you need to get an understanding.

Two care workers alternate at the weekend.

Mostly had the same care worker but there was someone different at weekends.

Care workers I see now are all very good, now I have got to know them it doesn't matter that they are different each day.

Sees the same ones all week, morning and lunch, and again in evening. Most of the time they are the same.

Over the course of a week, service user will generally have about 6 different care workers covering the various slots. The agency used to send out a rota advising who to expect. They don't do that any more, but it was often changed anyway.

Service user always had the same carer at lunchtime on Mondays, Tuesdays and Thursdays but at

other times it was different carers. (Occasionally there were 2 carers came at once which she felt she did not need.)

On one occasion they sent a young chap about 21 years old and it was chaotic, so we complained. We now have 2 mature ladies who are very good. We now have the same people for the two visits in the week and different people at the weekend.

I tend to see the same carers at the moment and I'm very happy with them. It's wonderful when I see them but I dread it when it has to be someone else, although I realise they need a day off. Occasionally, I may get one of my regular carers with one stand-in. That's OK. I can't walk at all now so I need two carers for the wake up and bedtime calls. I only need one carer for the lunch and teatime calls but my two regulars both come back as one doesn't drive and relies on the other for lifts.

Inconsistency of care workers raised a range of issues for people.

The home care service lacks continuity as they are constantly having different home care workers. This causes stress to herself and her mother. It is important for someone of her mother's age and state of health to have some continuity in her life.

Service user was very upset and tearful when talking about this. About 30 people from the care agency have my key code number – I don't want this. I do not feel safe as they could give that number to anyone. How would you feel?

Service user feels that he has no regular care worker and asked at one time: am I the guinea pig? As a result of the carer changes, service user has to keep repeating himself.

Because of the combined effect of hearing problems and difficulty with accents, service user finds that she very frequently has difficulty in understanding what is being said to her by the care workers. A very high proportion of staff employed by the agency are from ethnic minorities and have significant accents. Additionally, the group of care workers from which those who visit the service user are chosen is quite large, and so over the weeks and from day to day she sees quite a lot of different individuals. The fact that she sees so many different individuals exacerbates the problems that she has with understanding the various different ethnic accents. On occasions, the service user finds that the care worker doesn't seem to understand what it is that she is saying to them. This seems to be because the service user has used a word or words that are widely known and recognised by indigenous English persons, but that are not familiar to some people of ethnic origin. This whole issue of adequate and successful communication between the care worker and the client is extremely important. When communication is difficult it inhibits conversation, diminishes the social benefits that might otherwise be derived from the visit of the care worker and leaves the client feeling unhappy with the quality of the interaction that has taken place.

We had 1 person 1 day and another person the next time. The wife asked the company if they could have the same person each time, as it was not good when you went to the door and there was someone strange there. One day a care worker walked in, in his boots and had to be asked to wipe his feet. We also had a mature lady who got fed up as she was coming and when she got here someone had already been, it was very confusing. Had a male care worker who did not wear gloves when helping service user to wash. So service user asked him to wear gloves which he then did.

When the home care first started they turned up at any time, different care workers came and no

routine could be established. Routine is important for people with dementia. Carer contacted the agency several times to complain about the service. Manager was always unavailable and never returned calls. Eventually by threatening to turn up on the doorstep the manager got in touch and apologised. This was blamed on the change to another company. It was her first day as the new manager and some staff had walked out. From then on they have had the same care worker, who has struck up a rapport with service user. Times now work perfectly and have been for 9 months.

They don't tell you that a new carer is coming out as part of their training. They use us as a training ground and don't fit them into mother's care. This is wrong - it's her flat and her body. They don't ask if we mind, they just turn up - there is no continuity.

Care package overall is good. Home carers plus family supplementing with washing clothes and popping in etc. The home care is good when same care workers visit as the service user knows them. If there are new or different staff at each visit (service user is 95 years old), the service user has to give instructions about care required each time. Service user then becomes flustered and does not want to shower as she is afraid she will fall as the care staff don't know her.

When there are new care staff or those that do not speak good English, this often results in the instructions not being followed and things are not put in the right place for service user, e.g. the commode. The service user then gets flustered and has to phone the family to come and help her and this makes the service user feel cross as she likes to be independent.

Only likes 2 of them to bathe her as she has become used to them, they know what she wants and this works well.

Some service users highlighted the lack of handover between care workers, which meant that new or unfamiliar care workers were reliant on the user or their family to describe what needed to be done.

Now it is better as I have the same care worker all the time and they know what to do. If a care worker is ill, a replacement comes but I don't really like it as I have to tell them what to do from scratch.

Likes that the carer has been with him since his service started. When carer was ill they sent another carer who was fine but she didn't know what to do so had to ask.

Sometimes people just show up and don't know what is on the care plan. They don't use the care plan. They should see it before they come out.

Care workers do a lot of writing, I don't know why as only one person looked at it. They write a lot but don't read any notes, they assume what is wrong with you, for example they assumed I had a fall (this is not the case).

One (care worker) came and asked, "Right, what do I have to do?" We should not have to tell them.

Not happy, one girl late didn't wash up. Seemed like she had not been trained, did not make the bed, knew little about her and her needs. Service user only saw her a few times. In 6 weeks saw so many different people, leaving and coming, one came from as far away as Bracknell, but only because they were short of staff.

Where changes have to be made to which care worker is sent, most people would prefer they were kept informed of changes, although this wasn't an important issue for everyone.

I'd rather see the same carer all the time, but everyone is ever so good.

They see a lot of different care workers of different nationalities. Sometimes they are the same. She doesn't mind seeing so many different care workers.

I saw different carers – about 10 in total over 5 weeks. That was OK. I knew who was coming because I got a list through the post once a week.

Every weekend different carers. She does not know who she is getting, but they are all polite, friendly and make her feel comfortable.

Usually same care workers each day, but also has a list of which care workers are coming on which day.

Would like a list to show which particular care worker is coming each day of the week.

The agency sends different girls all the time. But they all seem to be very nice. Not really bothered who comes as long as breakfast is served before 8.

One service user felt there were definite advantages to some variation in the individual care workers she saw.

Had 4 favourite carers but thought all 19 carers were good. If I had the same carer all the time might have been someone not keen on. So didn't mind having many different carers.

4. Care workers

Service users generally spoke very positively about their care workers. This was the predominant message in 74% (26/35) of the interviews. There were a few people who reported difficult experiences with their care workers - 9% (3/35), and 17% (6/35) of people interviewed felt their care workers were ok. The role of the care worker cannot be viewed in isolation from the role of the service as a whole, including how service users are responded to by care agency office staff and how the service is organised, which has an impact on things like consistency of care staff.

Service users made many positive comments about the professionalism of the individual care workers who visited them.

Treated with respect, listens to what he wants, couldn't wish for better people. Never had to complain

but knows how to.

Felt very comfortable with care worker as it was first time was being washed by strangers. If care workers saw a bruise they would ask, 'How did you get that bruise? As this is not a normal place to have a bruise.' I thought this was excellent they asked that question.

Likes the care workers, very polite, well dressed, carry ID, understand the service user's needs.

The carer from my agency is very good. The person who looks after the paperwork is also very good.

Care staff are polite. They do their job and go again.

The care workers meet my expectations (except timing issues). What I value most is the attitude of the person providing care. I look for some empathy on their part. I don't like it when someone is rude or smart and has an answer for everything.

Their new care worker is also extremely good. The daughter feels a lot more at ease when she is happy with the home care worker. Carer has phoned the office to compliment the worker.

Felt that the care workers were trained very well and professional.

Felt comfortable with the care workers in his home. They observed his privacy.

Felt the care workers were very professional.

They are good, always keen.

I feel they treat me with dignity and respect.

The Reablement care she received improved her day. Was treated as she would have liked to be treated, with respect.

The care workers always tidy up after them. They are very professional. They don't rush me. I wouldn't let them anyway.

The care workers communicate well with me. For example, I use their daily feedback when they're changing pads to help me regulate my wife's medication.

Care workers from the agency are respectful, polite, kind and treat service user with dignity. They do what they are asked to do. Sometimes the service user can be rude to staff, but the care workers accept it and understand that it is her condition which causes her behaviour.

Feel that he is able to keep his respect and dignity with the staff, who also treat him and his wife with respect.

Care workers are experienced, always polite, and ask to take shoes off etc.

Generally speaking, the agency workers who come to service user's house display a pleasant and friendly manner. Also, on the occasions when we speak to the office that manages the care workers, those who answer the phone are polite and friendly.

I've been with the same agency a few months now and they're very good. I have one lady who's

absolutely wonderful. She made me feel at ease as soon as she walked through the door the first time. The other care worker I get when she's not available is also lovely, though. As long as they don't send a man, I don't really mind.

The shower's the main thing for me. They're lovely girls and they ought to get a star for what they do. Some people - 3 or 4 - do a better job and go about the job in the best way they can, are very professional, and don't take short cuts. There are a couple of carers who come regularly whom he trusts. They are polite and friendly, and take good care of his mother.

They treat my mother with respect and do what needs to be done.

Wife's relationship (carer) is good with care workers. Phone number given, can get through - not a machine.

Staff are professional and treat her with respect.

My regular carers are really kind and also so efficient.

The carers who come in every week day morning are very good. Friendly and chatty and very good at what they do. The lady feels that she is treated very well. She is pleased that if they are going to be late they call and she is very happy with the service. She is also aware what to do if for any reason she is unhappy with the service and also has a daughter who would help her if she needed to make a complaint.

Care workers have employee of the month award, which they have won. Well deserved bonus - admires them and praises them very highly.

I was gradually able to do more for myself around the home without the carers, but they'd help me practice things - whatever I wanted to concentrate on, like trying the stairs a second time. They were very respectful.

Treat mother with respect.

Care worker is experienced. She works with others who are training and is teaching them good skills. She passes on good things which make a difference, such as how to be firm yet kind at the same time. Not just practical care but has the ability to cheer the user up. Gives her that boost that she needs - It's the way they do it.

The home care workers do treat her mum with dignity and respect, except in cases where not trained, but not intentionally bad.

Service user values carers' reliability, trust and being keen about what they do.

Most care workers are very professional. The door is always left unlocked for them but they call out when they arrive so they don't appear unexpectedly in the lounge. The inexperienced care workers aren't so good, but I'm happy with the agency we use so don't want to change. I've got to know the manager and feel quite comfortable calling him if I want to raise any issues.

It was brilliant. Everyone was so kind. I had a fall one day and someone was with me within 5 minutes.

Some service users were particularly keen to emphasise the caring attitude and approach they had seen in their individual care workers.

Values the manners of the care workers and the relationships between service user and care workers. Service user values the strong relationships with the care worker. They are always polite and helpful.

She likes those care workers that have a nice manner and take an interest in you.

Care workers were always professional, kind and caring. It helped me get better the way they treated me. I looked forward to seeing them.

One of favorite care workers was extra thorough. Another - I nearly loved her she was so nice, she was excellent. A couple more were excellent.

Thought that she could have befriended many of the care workers for the rest of her life - they were so nice. One of the care workers is extremely good -best in Berkshire - she is always happy to be there and has a very close relationship with service user.

The regular care worker she has is nice and polite. Treats user like a friend. If she is going to be late she sometimes rings. If not user rings the office who are always polite and they give her no problems

Care worker who comes at lunchtime is nice.

Care workers know the service user's needs and treat the patient appropriately. Care workers are good and friendly.

Care workers are very kindly people. They do a good job.

When I was having home care, the evening call was the one I looked forward to as the carer I mostly had in that slot was so lovely. She was really bubbly, would ask how I'd been and just talked to you in a way that made you feel good. I was quite tearful around that time, but the evening carer always lifted me up.

They always go to bed laughing when two certain carers come. They are all very good.

Carers never leave her on own. Carers encourage her, they say, "Come on, V, you know you can do it - you've done it before".

Some service users really valued the social interaction they enjoyed with care workers, and some talked about their reliance on their care workers to keep them from feeling too lonely or isolated.

Likes manner of care workers and likes if they can talk clearly. Nationalities don't matter as long as she can talk to them.

One or two care workers are very good, as they will talk about football and their families etc and the service user like this. Other care workers are not good: they do not say anything, then I just want them finished and out of my house.

One of the main care workers is not very good with timing but has a good rapport with the service user and makes him laugh. He shows service user his phone and plays music for him. This is a highlight for service user who has little opportunities to have a laugh. I (family carer) really appreciate that.

The care worker has a bond with service user and she looks forward to seeing her and the care worker who comes on Tuesday.

I think my regular carers are really good. My daughter sometimes tells me they've left the kitchen in a bit of a mess, though. They always find the time to sit and have a few words with me. I can't hear very well so it's no good someone trying to chat to me while they're busy about.

Wife/carer: husband chats away to them when they are helping in the shower, they have a laugh and talk about football.

Care workers mean a lot to me. One night there was a knock on the door. One of the care workers was there. They had finished early and were ordering a meal - asked service user if she could borrow a menu from local takeaway. Next day she brought it back and said they had a good meal. Service user was pleased to help. I have a lot of respect for the care workers.

The service user refers to the carers as her 'angels' - has got to know them well, talk about things in the past and they share lots of history and families know each other.

I like to chatter. Service user was very upset/tearful when speaking about this. If you are on your own all day, it gets lonely. While they (care workers) are here -I just want to chat. Having a chat about interests is just as important as giving care, but some (care workers) just walk past me as if I am not here.

Certain carers stand out because they come more often and we have a relationship.

A few service users mentioned some particular communication obstacles which had an impact on their care.

She is happy with the care workers that provide her care. They treat her with respect. However the care workers are all non-Asian and therefore she cannot communicate with them. They do not do things as she wants things done because they do not understand what she is saying. They do her grocery shopping, but do not understand what she needs. For example, on one occasion she asked them to buy her some apples and they bought her potatoes instead. The care workers have asked her to keep an example of things she would like bought and they will then know what to buy her, otherwise she will get what they think is right. The first care worker she had several years ago was great. She was thorough and did things the way she liked. She also took her own initiative and was proactive in doing things around the house. She was also able to speak the same language and communicate easily. She was a care worker from Reading Borough Council.

She would prefer a care worker who can speak the same language as her and can cook food she likes, the way she likes it made.

Service user cannot speak English and therefore finds it difficult to communicate with services. She has spoken to the care company about the language issue. The company responded by saying they have nobody that speaks the same language as her and the service user would rather have some care

than none. She also cannot make a complaint straight away because of the language barrier. She has to wait for her granddaughters to visit so they can speak to the care company on her behalf.

When care workers took a more flexible approach or did little things that went above and beyond the care they were required to deliver, this was really appreciated.

Carers form a bond and go the extra mile. They always ask if she has everything she wants/needs.

Service users value the relationship that they have between care workers - value that they can talk to them about problems.

Had a favorite person, because she was very caring, very organized, and took up issues on her behalf.

Care workers do everything that needs doing. They have helped with a couple of errands round the nearby shop if needed.

The lunchtime care worker got me a new microwave in his own time!

My hairdresser comes to the house weekly if I'm able to manage getting my hair washed. I've had trouble getting to the sink lately, but one of my regular home carers has helped with that (she used to be a hairdresser) so she gets me ready for my hairdresser.

The regular carers will do little things like empty my waste paper basket from the living room. The others don't check that but I don't know if they should.

Care workers absolutely treat me with respect, we joke and laugh. She's been a lovely girl, always tries to do more than she can.

Workers spotted coffee stain on user's jumper. Wouldn't let her wear it. User happy as son was coming and she wouldn't want him to see her like that!

They are supposed to help her dress in the morning, but this doesn't happen at present as she copes with dressing with the help of her husband.

The care workers will do other tasks if she asks them to, as best as she can communicate it to them.

Carer/wife: some days when I don't feel well it would be good if care worker could dry round the shower and make the bed. Care worker does ask about the bed and now does it the way I like it. There is a new care worker so wife has to dry shower but she will ask the care worker to do it, as she doesn't know that it needs to be done.

On the other hand, a very rigid approach to delivering the care described in a user's care plan can leave the user feeling dissatisfied with their care.

They are just there to do the task, not person focused. Sometimes they can't even do the task properly. When there is no toilet paper they can't be bothered to replenish it, or when the disposal box becomes full it is sometimes not changed.

Where people had concerns about how individual care staff worked, these were often centred on whether what the care workers did was really enough. Some people were a little unsure about this, and described what their care workers did as being simply different from how they'd do things themselves. Others were very clear that the work was insufficient - such as when care workers didn't tidy up after themselves properly.

I don't know if they're doing enough, or what they're supposed to be doing, but all care gets logged in a book. Better communication with the son (main carer) is needed.

Only issue: one lady was extra fat. There was not much room in en-suite bathroom, therefore could not do a thorough job. Washed all right, but hoped that care worker wouldn't be coming again.

The daughter and her husband do all of the prep work before the home care worker arrives- she puts toothpaste on the toothbrush, fills the sink with warm water, lays out her mother's clothes. Yet some of the care workers still do the minimal job. They leave flannels and towels on the side; they don't make the bed - generally messy.

The staff are all right. One asked service user if she would like her feet washed today - service user feels if you are going to wash someone then you wash the lot.

One care worker who is a walker has boyfriends waiting outside. Service user has experienced litter on her road. She has found used rubber gloves and cans in neighbours' gardens.

Care workers often do not clear things up after they have given care and leave stuff all over the place - there is a system but they don't put things back.

The care workers do a satisfactory job, but do not clean as she likes things cleaned.

Service user has commented that almost without exception the care workers will forget one or other of the tasks just listed, or do it incorrectly. For example forget to put in the eye cream and leave the lid on the commode.

I want them to do things properly and give my mother all the care she needs, I just don't feel like they do the job as I would like it to be done and so I sometimes feel I need to be present when they are working, but in general I try to give them the space to do what they need to do.

The mother receives a bed bath every day; however he would like her to have a proper shower in the bathroom. The bathroom has all the necessary facilities for her to be able to use it, and the son does not understand why they do not give her a wash in the bathroom.

Care worker came this morning (not the usual ones) at 8am and was about to leave without washing my husband because my husband had said 'No, I don't want a wash today'. I had to get the care worker to wash my husband, because he will always say no and will often need a different approach. This is not good enough as the care worker would have just left without giving any care.

Carers don't always leave home tidy and clean. They leave things untidy - aprons, jars etc. Need to keep an eye on carers.

Care worker didn't lock door in one instance.

A lot of comments expressing dissatisfaction with individual care workers concerned their manner as much, or more than, what they actually did.

Some care workers just walk in service user's home (door is left on latch); service user feels that they should always ring the doorbell before walking in. It is not ok to just walk in.

When the care workers arrive and leave the house they have to clock on and off through a phone. The care workers use the service user's phone. Some of the care workers see this as the main priority and the daughter has witnessed cases of the care worker walking straight to the phone when she enters the house and not even saying hello to her mother. She has also experienced a care worker telling her to get off the phone so she could clock out- very rude. They should be provided with their own phones rather than using that of the home care users.

I think I am treated with respect and dignity. Once, a care worker was rude to me. I complained to the home care agency and he never came back. I didn't like the attitude another care worker had. I also complained to the home care agency and she hasn't been back.

I am not very happy with the bedtime care workers – they are patronising and talk to me as if I am senile. They're also a bit slow and they arrive sometimes quite late i.e. after 10pm. Some of them are not very good at putting me into bed and turning me over into bed.

Only 3 or 4 of the care workers treat me with dignity.

One care worker walked in his with motorcycle gear on and then threw jacket and crash helmet onto the floor, then was speaking on his phone. When the service user asked him if he wanted to do the job, the care worker replied, "Not really." Service user felt people like that do not show respect for anyone. Service user asked the office that this care worker did not visit him again and then 3 weeks later that care worker was back. Service user did not say anything but let him get on with it, was not worth causing further anxiety and did not want to make a problem for himself.

Staff can treat you as being daft or stupid. We are not all the same but we get tarred with the same brush. We are all individuals and should be treated as such.

Often spoken to and treated like children.

Listen to what the individual says is right for them and this is not the same for everybody. Don't assume what is wrong with someone.

Some carers assume that because of your age you're 'deaf and dotty'. It would be nice if they asked if you can hear instead of shouting at you.

On one occasion – just because you have problems with your body does not mean your brain is gone, one (care worker) was talking to me slow and patronising, like a child. It made me very angry and I complained. She was sacked.

There were only a couple of people I didn't like. We had a bit of an argument actually because I heard them whispering about me and my partner after he'd gone to work. We sorted it between ourselves,

though. I didn't need to get the office involved.

Some of the girls genuinely care for her mother, whereas, she can tell that others are just going through the motions of their job roles. The daughter (carer) feels that the care workers are not paid enough so therefore do not have much of an incentive to put full effort into their job.

5. The care agency as a whole

In addition to comments about individual care workers and the direct delivery of care, many service users or their family carers offered views about the various care agencies as a whole. These covered users' dealings with the office or their perceptions of how the business was organized - such as the agency's approach to trying to provide consistency of care staff visiting, or their attitude towards staff wearing uniforms.

Where people did encounter problems from time to time, it was helpful if they felt able to approach their care agency office to discuss these.

Detailed notes are kept each day. Care workers are supposed to sign in and sign out, but this doesn't always happen. If there is a problem with the care provided the service user can call the agency and talk to a supervisor about the issues.

I don't like to single people out or complain. All the care workers have a living to make. But if I get a temporary care worker I don't really rate, I note their name and next time one of our regulars is off then I ask the agency doesn't send certain people.

The office don't return calls and are always "in a meeting" Nobody ever rings you back. Never deal with issues raised with manager. The office isn't working out of hours.

The agency is ok when you ring the office - I try to talk to a particular manager.

The organisation is only interested in doing the minimum to help their service users. If a service user raises an issue, it takes the company a long time to fix. The company is not open to suggestions.

Service user wants to get rid of his current agency as soon as possible - in the past he has complained to the company, things have changed but then just go back to being normal. The majority of them don't know how to care for people. Service user has been calling the agency nearly every day for the last 2 weeks (which is costing him money). He is very anxious as he is not in control of his own life and he likes to be in control.

Care agency hasn't given him a copy of their complaints policy and he does not know the complaints procedure but if the son has a concern he just rings the office and speaks with them.

When we were having problems one lady came from the care company "because we were complaining a lot" She said she would ensure that someone came by 9am - it did not happen. When you can't move it's annoying having to sit and wait.

May I suggest that one of your priorities for improving the home care service is to improve communications between departments and staff. We noticed a distinct lack of communication during the short time my father was receiving care between staff and between care services and patients and

relatives.

Several service users commented about the way agencies organise their workers' schedules. There was both concern that care workers were being given unrealistic targets by their agency, and dissatisfaction with how visits were spaced out from the user's perspective.

Service user believes agency works their care workers too hard. Care workers are often dead on their feet.

Yes I think they are quite professional, but I don't think they look at the day care they provide as a block of time. There is often a big long gap after lunch in the afternoons and before bedtime before the next care workers come. I don't think they plan their daily block-time visits well and that they don't look at me as a person and how the day would look like for me. For example - lunch could be done at 2pm then the next care worker comes at 4pm for the dinner.

Care workers seem rushed and won't stay to do additional jobs like washing hair. The organisation is to blame not the individuals - they ask too much of them in terms of calls. The organisation is too short staffed and people aren't well paid. Care workers are treated like the dregs. They need more money, more status and more attention. They don't seem to have mother's issues as their first concern.

I haven't seen the care plan for 6 months. Agency said they needed to take it away to update it as service user's needs had changed and they would send me a copy but I haven't received anything.

A lot of the care workers are leaving because of issues within the head office at the agency - lack of communication between staff and office. Sometimes care workers do not turn up at all or in some cases, two care workers will turn up for the same time slot without knowing the other person was to be there.

Several service users commented about uniforms - and the problems which could occur if these weren't issued on time or maintained properly.

The care worker's uniform consists of a tunic style top. It is our understanding that care workers have to pay for their own tunic top. Consequently, most of the care workers appear to only have one uniform tunic. This means that it's difficult for them to wash and dry their uniform tunic overnight if they are working consecutive days. We have noticed that some care workers arrive wearing a uniform tunic that is visibly in need of laundering, whilst some others aren't wearing one at all when they arrive.

One day, a young man came to the door and said he was from our agency. When I asked him why he didn't have a uniform on and for his badge, he replied that he was a new member of staff, that he didn't have a uniform and a badge yet. I didn't let him in. I called the office and complained.

The agency is a big company - they need to identify who they are and staff should wear ID badges saying who they're from. Their uniforms don't identify them or their company - uniforms have very recently changed without any communication to service users/carers. As a result, when the care

worker came to visit in the new uniform, Mum was confused as she didn't know where they were from.

It's not easy to speak to the agency but contact with the office is OK. They always tell carers what is needed and give appropriate feedback.

Some of the service users who were unhappy with the care they had received felt their agency could not be relied on to provide what they needed.

She hasn't requested help for Christmas Day as can't rely on them and it causes too much stress.

One agency was dreadful - they sent men to look after a 70 year old woman. It was clearly only a "tick box" exercise and didn't get consistency or attention to needs other than the basics.

6. Training

A number of service users or their family carers made suggestions about areas where care workers needed to have better training. In most instances, people were commenting that training was required to cover basic care and support including help with personal hygiene or food preparation. In other instances, though, people felt more specialised training was required such as providing personal care for service users with a colostomy bag / stoma care, or training to provide care to service users with dementia.

They don't train new care workers very well. I think that the new care workers are learning on the job when they come for the care visit. They should know exactly what they are doing before coming to your home.

We have made some detailed comments regarding the performance of the agency care workers. In making those comments, we are not saying that they are all hopeless or useless. In fact some are very good and some are pretty hopeless. We make the comments to illustrate the sort of experience the service user has had, and particularly to make the point that they really seem to have very little or no training before being sent out to do the job.

A number of care workers have told us that they are following some sort of NVQ training. However, the service user's impression is that the agency recruits staff and sends them out to deliver care with little or no training. We have already said that generally speaking the care workers are pleasant and friendly. However, when it comes to delivering the appropriate care, the care workers need to be more than just pleasant and friendly, they need to have some idea about what they're doing. Of course it has to be said that the care they are delivering is not critical care, in other words if they don't get it right no one is going to die. However, when delivering personal care it's the little things that make the difference. It's very frustrating if the person who has come to deliver your care doesn't seem to have the slightest idea of what to do or how to do it. If you add to that some sort of communication difficulty because of ethnic accents, different cultures and a substantial age difference, you can imagine that the whole interaction can be really rather unsatisfactory.

The sort of things that the service user has had to put up with when the care worker has seemingly had a poor grasp of what it is she is required to do are:

a) On one occasion, the care worker was asked to empty the commode that the service user has in her bedroom. The panel of the commode contained urine and some tissue paper. Common sense would dictate to any normal person that the proper place to empty the contents of the commode pan was down the WC. However on this one occasion the care worker emptied the contents of the commode pan into the sink in the bathroom. Not only that, she left the soiled paper sitting in the sink so that it blocked the plughole.

b) Service user also describes how when it comes to getting dressed in the mornings, some of the young female care workers don't seem to know which garment goes on first. She has had to tell more than one girl that it was necessary to put on the bra first, before then putting on the vest and slip. Also, because she has had a mastectomy, the service user likes the hook fastening of the bra to be set at the loosest setting. Despite telling the girls this some of them get it wrong and need to be physically shown the correct setting.

c) Service user describes how one young care worker when preparing to wash the service user's feet would wet the flannel and then vigorously rub the soap on the flannel so that the flannel then contained about five times too much lather. Then she would rinse the flannel in the bowl of water thereby rinsing out most of the soap/lather before using the flannel to wash the service user's feet. Another care worker would also be far too zealous in working up lather so that the carpet surrounding the bowl of water had excess soapsuds scattered all around.

d) Yet another care worker when applying cream to the service user's legs would squirt a quantity of the cream into the palm of her hand and ask the service user if the quantity was about right? When the service user replied that yes that quantity was about right she would then promptly squirt a whole lot more of the cream into her hand so that she then had an excessive and wasteful amount. This happened repeatedly.

Not sure if the care workers have the appropriate training. Need to be aware of user's diabetes. Sometimes they are unable to cook a boiled egg.

Lack of training evident, instance where pads used which had 'sticky' fastenings but care worker stuck part to user's flesh and was painful taking off in the evening.

There have been cases where she has felt unsafe around care worker as they lack common sense and do not know what their job involves. In one case, a care worker had positioned the electric bed in such a way that her mother had her arms and legs in the air, this sudden movement caused the wires to be pulled out of the bed and the care worker could not move her mother who was clearly uncomfortable. The husband had to get on his knees and just about managed to get the switch back in. The care worker was asked to leave and the care worker complained to head office and the care worker has since been sacked.

Have been some incidents where staff didn't know how to change stoma bag – wife and husband did a demonstration, they were fine after that maybe more training needed.

One care worker was training new members of staff. However, the service user felt this was not good as the one doing the training was not a good care worker himself.

Most care workers do the tasks you ask but many of them don't listen to what you tell them. Service user gave an example of having to go through step-by-step of where to find things and how to make a cup of coffee with one care worker.

Carers don't get enough training. They get the job because they're a caring person.

Often new care workers don't know how to change stoma bags and I have to show them what to do. Carer is now getting fed up with having to show the care workers how to change the bags. Care

workers should be trained and know what to do.

Sometimes it felt like they (care workers) were like students, they had no training, now the lady who comes has been doing it for many years – she can't do enough for you.

Staff are not trained in dementia, but some of them have knowledge of it due to a member of the family having the condition.

Feedback on social contact from the Home Care User Interviews: Phase 2

In order to understand the level - if any - of social isolation which home care users felt, we asked them some key questions about what they saw as the best and worst parts of their week, their knowledge of activities happening locally, and how they found out about events, services and activities.

Service users were asked to map out a typical week in terms of who they saw regularly. This included home carers in all cases, and then there was a wide variation between service users in terms of who else they saw. There were 36 references to family members, 21 to people who came to the home to provide services (besides home carers), 20 to health professionals, 19 to friends, 14 to neighbours, 14 to voluntary and community groups, 10 to people from church and 2 to day centres.

		Number of interviews in which included
Family members	Parents	1
	Brothers / sisters (or siblings -in law)	4
	Cousins	2
	Son / daughter (or sons / daughters -in law)	23
	Nephews / nieces	1
	Grandchildren	5
Friends		19
Neighbours		14
People from church		10
People who come to the home to provide services	Cleaner	8
	Hairdresser	4
	Gardener	3
	Mobile library	2
	Pharmacy delivery	2
	Readibus	2
Health professionals	GP	3
	Chiropodist	6
	Nurse	9
	Dietician	1
	Occupational therapist	1
Voluntary & community groups	Reading Association for the Blind	3
	Age UK befriender	7
	Salvation Army	2
	Singing for the Brain	1
	Speakability	1
Day services	People at a day centre	2

Overall, when asked to identify the best part of their week, most people picked out times when they had some social interaction which they particularly enjoyed. Sometimes this was time spent with particular care workers, or with family or friends or other service providers. Some

people particularly valued trips out or simply meeting someone for lunch. Others were happy to have visitors at home.

I like Wednesdays/Thursdays best because I have friends come to visit - One of my friends takes me into town to do a bit of shopping and have some lunch.

Another high point is the general socialising with people - nurses always have a 'chinwag'.

Monday and Wednesday are especially good – it's important to see someone every day.

Seeing family and friends are always the best times. Apart from the daughter who comes every day, I have 2 other daughters who come by quite regularly and I see my grand-daughter 2 or 3 times a week. I get plenty of visitors really. My friend 2 doors down pops in quite a lot – always Wednesday afternoons but she'll stop by other times as well.

I love it when I get visitors. I have four friends from church who've been wonderful. They come regularly and will go into the kitchen to sort out tea things and bring them through.

I'm happy enough here with people calling on me. There's never a day goes by when I don't see anybody.

Does skype with family, user and her husband are not good with technology and only when daughter brings laptop with her. Enjoys doing this as gets to see her grand children. Also received lots of cards to keep her updated about her family.

Dad (main carer) quite likes Tuesdays (Rotary Club) – he meets people and isn't focused on caring.

Thursday is the best day of the week, the people at the hairdressers are nice, her son is 'marvellous'.

Carer attends Tai-chi classes run by Age UK at least 3 times a week. Very good for social interactions.

Going shopping to Waitrose with my daughter.

Weekend is good: Get to go out and get a Chinese take-away. Used to like to go to Blackpool on holiday, but can't find people who cater for needs.

When I was having home care, the evening call was the one I looked forward to as the carer I mostly had in that slot was so lovely. She was really bubbly, would ask how I'd been and just talked to you in way that made you feel good. I was quite tearful around that time, but the evening carer always lifted me up.

However, some people focused on activities they particularly enjoyed, rather than the socialisation element.

Saturday afternoon – listening to football on the radio.

Sundays to have nice lunch, wash service users hair and soak his feet.

Lunches are one of the high points of the week because of user's love of food. (Used to have meals on wheels but user's house was at the end of the line, which seemed to mean that she didn't get the lunch that was ordered. The meals were seen to be disgusting anyway. Now has microwavable dinners for 1 from the supermarket which are tasty and reasonably priced). Daughter mentioned that Meals on Wheels was good, though, because this was another opportunity to see someone.

Fishing at the weekends. Has been fishing since childhood and is his favorite hobby.

Being in an area she's known all her life.

Used to be a hairdresser so keeping her hair tidy

Summer months – can get out in the garden.

Mother enjoys watching the television. She used to do a lot of reading but no longer does this as her eyesight was affected by the stroke. She has had Outside Vision visit the house to test her eyes and provide glasses but previous visits have been unsuccessful.

The low points of the week identified by most service users indicated a general desire for more opportunities to be around other people. Many service users highlighted the times they were alone more as their lowest points.

Sundays drag a bit. Can't use Readibus to get to church as times are not convenient. It's a long day when no one comes or when there's a long wait for the next care workers to come.

She feels better when she is with people, although prefers not to use the recreation room as she doesn't really get on with the people in there

Saturday can be a long boring day as less people can come in.

Not being able to see his friend at the moment.

Not everyone felt the same about being around other people, though. One service user felt having to go out was the worst part of the week for her.

Going out – quite a nervous person. Dislikes coming into contact with new people.

Some people found their levels of activity too low, and were frustrated they couldn't do more. Two issues frequently mentioned when people picked out the worst parts of their week were barriers to getting out (and socialising more) related to their mobility or other aspects of their health condition, and specific issues with transport services.

Being in bed. Would love to get out of bed but better off in the bed. Had scooter and used to go to the

shop to get a paper. Increasingly finding it harder

Mum can't get out due to transport difficulties, and there isn't much to do. Any trip out needs a lot of planning.

The mother needs support to be mobile, therefore most of the day she is sitting in one place or is in bed. She does not leave the house. The son who is her main carer is either at home with his mother or is at work. Occasionally he will meet friends but does not feel he can have too much time out because someone needs to be with his mother. Their flat is located on a floor without a lift, which means if his mother needs to leave the flat to go for appointments then he must carry her down the stairs. Their housing situation needs re-evaluation. The son would like to take his mother to church, as they sometimes have visitors from the church. The only respite the son has is two hours on Friday to do the shopping. However this is not enough time to do all he needs to do. The son is very distressed and the job of caring for his mother is clearly draining for him both mentally and physically. He ideally would like some support from his family but they all live out of the areas so this is not possible. He is grateful for the job the carers do but does not feel his mother gets the same care as she does from him and would get from members of his family. He is concerned about her meals. He prepares all her meals, because he feels only he understands what she likes to eat and the things that are best for her to eat.

Would like to get out if it was easier. Transport is main barrier. Used to use Caversham Good Neighbours. Would be able to get in car and go places but can't walk as well now so stopped but service user stresses she is not unhappy.

Changes to the bus stop near where the user lives has hampered using the service. The bus stop nearest to them does not have a low enough pavement which means the wheelchair is not easy to get on the bus. This means they have to catch the bus on a longer route or not use the service at all.

Service user talked about selling his car - he can no longer drive himself - and buying a mobility scooter to help him to get out. Service user misses just being able to get in car and go visit his friends or pop to the shops.

Doesn't go out much, very limited occasional outings with family but difficulty getting out and about. Is in the process of getting a ramp installed outside her front door.

Mobility and time taken to travel anywhere are an issue - need to use a walker when goes out, but doesn't like using a wheelchair.

Would like to be able to attend library talks however needs to know the locations are suitable for wheelchairs.

Used to do sailing, football, table football, is unable to do this now due to illness. Used to be very active so can be frustrating now he can't do them.

I can go outside the building if I have a reliable friend to take me and go with me. I miss dancing very much. I watch it now on TV or listen to programmes on the radio.

I miss getting around more. Used to go out often - to London, for example, to theatre trips. One of my friends takes me out and pushes me around but she is quite elderly herself.

Used to enjoy dancing, but cannot anymore because age is a restricting factor.

I am now frightened to go out on my own (as cannot easily walk and is worried about falling over).

I used to get out to meetings when my husband was alive. Now, I'd be too worried about falling.

I'd like to be able to get out to jumble sales or car boot sales, and I'd like to be able to have a dog, but can't due to my leg.

Service user is sometimes invited to things with his friends but does not go, as he does not want his friend to have to look after the service user while they are out, as service user feels it would restrict his friend.

I used to do so much – now I have so much pain, I can't really move. All the things I want to do, I don't do and that makes me feel angry. I would like to go on a 9 hole golf course or play tennis. I would love to go on a long walk with a dog. I can't do that anymore. I am now dependant on people to take me here and take me there. It's not fair.

Can't see very well now. Optician coming in on Friday. Would have gone in to Reading, used to park in Butts now can't as the parking area has changed to a bus lane.

Three service users made specific reference to financial barriers.

I wanted to go to Real Ale and Jazz festival but no concession rate, so was put off going. Most events, such as football matches, do have concession rates though.

We have to use taxis if there is no-one who can help but it costs us £10 to get there and £10 back again, which is very expensive.

Would like to go to London to look around the Black Museum in London – however doesn't know how to get to these places cheaply.

Some of the service users and family carers we spoke to were very content with being comfortable and occupied at home. They weren't interested in support to get out more or see more people.

Mother doesn't want to get involved with local services as she doesn't want to leave the house. Usually goes out once or twice a year to see the bluebells, although she has not done that this year

I just want to live my life in my home and do more for myself /on my own.

On a normal day-to-day basis Mum is pretty good, and is getting better. Dad cares for her and doesn't like intrusion – he's not interested in asking for help.

Speakability- used to take the mother along on Wednesday evenings. She didn't enjoy this as she doesn't like to socialise, mainly because she has difficulties communicating.

She does not have any interest in going out and socialising and taking part in groups.

Does not want to socialise with others – doesn't enjoy it.

User not a sociable person. Likes being on her own and doing what she wants, not part of a group. She is an only child.

Most of the lady's friends are now finding it very difficult to get out and about and she does miss that but is very happy with phone conversations and does not wish to go out any more than she does as it is exhausting for her.

How Home Care Users get information about services and activities: Phase 2

Some home care users were very satisfied with the amount of information they had about what was going on locally and services which might be of interest. They got their information through various channels. Word of mouth through friends, family and community groups was the most common and trusted way to get to know what was happening.

I think I get enough information about things.

Finds out about services through other people.

Heelas Pensioner's Club forms his main network of information/friends/social support.

If I need info about anything I ring people, in particular if something has cropped up. I believe if you want info you should go to the experts. I haven't got a pc and internet at home. People are extremely good at responding to my enquiries and sending people out to help or information.

Husband knows how to get information due to his various roles in charities.

Gets to know about things via church, such as coffee mornings etc. Knowing people who go to things and ask you to go along.

You get to know about things because "You just do"

If I need to find out information I would go down to the doctor who would be able to help, not needed to ask about anything else.

Knew about Crossroads as they supported service user when he had fractured shoulder over a year ago. They came each night to stay over. Now not required but they keep in touch once a year. They will also help with transport to get service user to hospital, but they need notice to arrange a car to take you there, wait and bring you back.

There's a bus stop quite close and I do use the buses quite a lot. I don't go to any groups or anything. I don't read the papers. I'm terrible about reading. My neighbours tell me what's going on – one in particular. He helped out a lot when I first got out of hospital. I don't really feel I'm missing out.

Some people relied more on formal newsletters or bulletin boards for local information, as well as the internet.

Hears about events and local services through Reading Talking News. Memory stick posted every Saturday and plugs into a speaker device, which keeps user up to date with everything local.

Hears about services and groups through the internet. Service user feels all his needs are met.

Use the internet to find out about local services and groups.

Gets the local paper. Gets a weekly letter from the housing association manager and there is always information in the housing office on site for that scheme.

Get their information from Church magazine (St. Catherine). Vicar calls once a month.

Uses the internet to find out about local services and groups, but doesn't use the internet enough to find out about local services.

I never managed to get on with a computer and my fingers aren't strong enough to manage a keyboard now. My church has a weekly newsletter, which I used to pick up. My friends bring me a copy now. I also get the Midweek local paper, and my son brings me the Daily Mail at the weekend as I like the TV guide in there.

Is visited by a lady from the Blind Association - now has talking newspaper.

Has a tablet that she finds information on but only goes on the internet to find something out and does not spend a lot of time on it. Also has a Kindle that her daughter puts books on for her.

Big notice board in extra care housing communal area - has information about events etc

Accommodation has monthly newsletter and residents meetings - which service user likes because if you suggest something it gets put down for thinking about and it can be very useful.

Stroke booklet picked up when went to new hospital in Newbury. They have a library there. I picked up information from there. The Lady said: take what you want, it's all free - and I thought what a wonderful situation.

Gets letters from lots of people., e.g. help with health costs, DWP. Blue badge.

However, some services users reported they struggled to get hold of information, and felt their understanding of what was available to them was incomplete.

User's daughter is not aware of the support that is available to her. Has had a carer assessment done. Has enquired about being paid as she is not currently in employment. She has since received a one off £200 payment.

Wouldn't know where to go for information other than Age Concern.

Would like a list of holiday destinations in England suitable for people with disabilities, e.g. no steps or slopes.

Service user does not have or know how to use a computer.

They enquired about a reclining chair because of the user's asthma, which is particularly bad in the winter, which was rejected by the council because she didn't need it all year round.

No information from the council regarding local services or groups.

Would find it helpful if someone could help with the shopping [*recommended Age UK service*]

Husband feels that it is confusing with the amount of care and support you are eligible for e.g. wife has less than £23k so they got help with care home fees. However, not eligible for funding for stairlift as she has over £11k.

Finding out about things is a nightmare

When he came out of hospital the Red Cross came to see him and he was a bit overwhelmed by it so asked if he could settle first but they didn't contact him again.

Had to fill in a new form. Not sure how to do it. Process was difficult and not what they have been used to and there was too much paperwork. In the end got very upset. Thinks it could be clearer and easier - got badge in the end.

Some people were reluctant to take information from the interviewers about local services (or directories / advice points) because they thought it was unlikely there would be anything suitable for them. Sometimes, there was a sense that the services they could access as an older or disabled person were distinctly unappealing.

I don't want to go to a Day Centre – I want to be on my own and see my own people.

I would not be interested in things like bingo. It would put years on me. No, thanks, it's not for me

She never attends any council meetings about local services and groups as she feels they do not apply to her situation.

User is aware of some of the activities and services the Council run, but doesn't really want to make the effort. Struggles to socialise with people her own age because they aren't very active and mobile.

The building organises social events, such as Christmas parties. However all information is in English and user finds it difficult to communicate with other residents.

The lady is aware of day services and a local day centre but has no interest in attending as she feels that she is more able than many service users and would not want to sit there with no body to have a good conversation with. She does not need any other input but says that as her needs change she knows she may want to get more support.

Service user is 92 years old. She acknowledges that she is isolated socially but is finding it difficult to make meaningful friendships and does not take part in many of the organised social activities.

Conclusion

Home Care supports some of the most vulnerable and isolated people in our community to manage their daily lives. This second phase of the report has echoed the themes that emerged in the first phase, with the additional emergence of the need for further training for care workers. These reports aim to support providers to deliver a service that better meets the need of their users, in order to have a further positive impact on their mental and physical wellbeing and of those around them.

Appendix I: Profile of service users interviewed for Phase 2 (November 2012 - March 2013)

For Phase 2 of this project, feedback was taken from 35 people currently using home care services, or who had used home care services at some point from April to October 2012.

The total number of people receiving home care services arranged through Reading Borough Council at the start of November 2012 was 747. This group was taken as the 'overall home care user population' for comparison purposes.

The Home Care Users Research Project is a qualitative study, deliberately confined to a relatively modest sample size to allow for more detailed feedback than could be gathered through a survey approach. Nevertheless, across the project as a whole, we sought to interview a sample of users which roughly approximated to the overall home care user population.

Age

Phase 2 interviewees' ages ranged from 25 to over 85, with 9% of users (3 people) aged under 65 and 91% of users (32 people) aged 65 or over. This means that the over 65s were slightly over-represented in Phase 2 of the survey. 80% of the overall RBC home care users population is over 65.

Gender

In Phase 2, 29% of interviews (10) were with men and 71% (25) were with women. This is in line with the overall representation of men and women within those who use home care services - which is an approximate one third to two thirds split.

Ethnicity

91% (32) of the users interviewed were White British, whilst 9% (3) belonged to minority ethnic groups. This makes the Phase 2 interview group slightly less ethnically diverse than the overall group of people who have home care services arranged by RBC, 83% of which is White British.

Length of time using home care

Approximately one third of the users interviewed for Phase 2 (11 people) had been receiving home care services for less than one year. The next third (13 people) had been receiving services for between one and four years, and the final third (11 people) had been receiving services for more than four years. This is in line with the breakdown across the overall home care user population. Within the overall group, 29% have been using services for up to a year, 36% between one and four years, and 35% for more than four years.

Length of Time	Service Users Interviewed (Phase 2)	Total Service Users
Less than 1 year	11	482
1-2 years	9	97
2-3 years	1	64
3-4 years	3	41
4-5 years	4	30
5-6 years	3	19
6-7 years	3	14
More than 7 years	1	0
Total	35	747

Number of visits and total care hours per week

The number of home care visits which the users interviewed for Phase 2 were receiving each week ranged from 2 to 30. The average number of weekly visits was 15.5, which is slightly higher than the average across the total home care user population (12 visits per week).

13 people received fewer than 10 home care visits per week, 7 people received between 11 and 20 home care visits per week and 14 people received more than 20 home care visits per week.

Number of home care visits/week (Banding)	Service Users Interviewed (Phase 2)	Total Service Users
1-5	9 (26%)	131 (18%)
6-10	4 (11%)	212 (28%)
11-15	6 (17%)	212 (28%)
16-20	2 (6%)	85 (11%)
21-25	6 (17%)	78 (10%)
26-30	8 (23%)	17 (2%)
30+	0	12 (2%)
Total	35	747

The total support time which people interviewed for this phase were expected to receive from their home care package ranged from 2.5 to 173 hours per week. The average time was 7.8 hours a week.

23 of the people interviewed (66%) were due to receive up to 10 hours of home care support per week. 10 people (29%) were due to receive 10 to 20 hours of support, and 2 people (6%) were due to receive more than 20 hours of home care each week. This means that people receiving the smaller care packages were slightly under-represented as 80% of home care users overall receive up to 10 hours care each week.

Length of Time (hours by banding)	Service Users Interviewed (phase 2)	Total Service Users
0-5	12	262
5-10	11	339
10-15	7	110
15-20	3	23
Over 20	2	13
TOTAL	35	747

Financial Contribution

17% (6) of the service users interviewed for Phase 2 were responsible for the full cost of their home care services. 43% (15 people) received some funding from Adult Social Care but were also making a contribution themselves to the costs of their care. 14 people (40%) had their care costs fully met by the local authority. The breakdown between full funders, part funders and nil contributors across the whole home care service user group is 23% full funders; 47% part funders; 30% nil contributors.